# 10/569488 1AP20 Regide 177770 24 FEB 2006

#### Application Data Sheet

Application Information

Application Type::

National Stage

Subject Matter::

Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Number of CD disks::

Number of Copies of CDs::

Sequence Submission?::

None

Computer Readable Form (CRF)::

Number of copies of CRF::

No

0

Title::

SCINTILLATOR AND RADIATION

DETECTOR, AND RADIATION

INSPECTING DEVICE

Attorney Docket Number::

8075-1047

Request for Early

No

Publication?::

Request for Non-Publication?::

No

Suggested Drawing Figure::

Total Drawing Sheets::

1

Small Entity?::

No

Latin Name::

Variety Denomination Name::

Petition Included?::

No

Petition Type::

Licensed US Gov't Agency::

Contract or Grant Numbers::

Secrecy Order in Parent

No

Appl.?::

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: JAPAN

Status:: Full Capacity

Given Name:: TSUGUO

Middle Name::

Family Name:: FUKUDA

Name Suffix::

City of Residence:: SENDA-SHI

State or Province of

Residence::

Country of Residence:: JAPAN

Street of Mailing C/O FUKUDA CRYSTAL LABORATORY

Address:: 6-3, MINAMI-YOSHINARI 6-CHOME, AOBA-

KU, MIYAGI

City of Mailing Address:: SENDA-SHI

State or Province of Mailing Address::

Country of Mailing Address:: JAPAN

Postal or Zip Code of Mailing Address:: 9893204

Applicant Authority Type:: Inventor

Primary Citizenship Country:: JAPAN

Status:: Full Capacity

Given Name:: HIROHISA

Middle Name::

Family Name:: KIKUYAMA

Name Suffix::

City of Residence:: IZUMIOOTSU-SHI

State or Province of

Residence::

Country of Residence:: JAPAN

Street of Mailing C/O STELLA CHEMIFA KABUSHIKI KAISHA

Address:: 41, RINKAICHO 1-CHOME, OSAKA

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City of Mailing Address:: IZUMIOOTSU-SHI

State or Province of Mailing Address::

Country of Mailing Address:: JAPAN

Postal or Zip Code of Mailing Address:: 5950075

Applicant Authority Type:: Inventor

Primary Citizenship Country:: JAPAN

Status:: Full Capacity

Given Name:: TOMOHIKO

Middle Name::

Family Name:: SATONAGA

Name Suffix::

City of Residence:: IZUMIOOTSU-SHI

State or Province of

Residence::

Country of Residence:: JAPAN

Street of Mailing C/O STELLA CHEMIFA KABUSHIKI KAISHA

Address:: 41, RINKAICHO 1-CHOME, OSAKA

City of Mailing Address:: IZUMIOOTSU-SHI

State or Province of Mailing Address::

Country of Mailing Address:: JAPAN

Postal or Zip Code of Mailing Address:: 5950075

Applicant Authority Type:: Inventor

Primary Citizenship Country:: JAPAN

Status:: Full Capacity

Given Name:: HIKARU

Middle Name::

Family Name:: KOIKE

Name Suffix::

City of Residence:: YAMANASHI

State or Province of

Residence::

Country of Residence:: JAPAN

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|  | S | tr | e | e | t | of | Ma | i | 1 | i | n | a |
|--|---|----|---|---|---|----|----|---|---|---|---|---|
|--|---|----|---|---|---|----|----|---|---|---|---|---|

C/O KOIKE CO., LTD.

Address::

663, ICCHOHATA, TAMAHO-CHO, NAKAKOMA-

GUN

City of Mailing Address::

YAMANASHI

State or Province of Mailing Address::

Country of Mailing Address::

JAPAI

Postal or Zip Code of Mailing Address:: 4093813

#### Correspondence Information

Correspondence Customer

00466

Number::

#### Representative Information

| Representative Customer | 00466 |
|-------------------------|-------|
| Number::                |       |

## Domestic Priority Information

| Application::    | Continuity        | Parent            | Parent Filing |
|------------------|-------------------|-------------------|---------------|
|                  | Type::            | Application::     | Date::        |
| This application | National Stage of | PCT/JP2004/012189 | 8/25/04       |
|                  |                   |                   |               |

## Foreign Priority Information

| Country:: | Application | Filing Date:: | Priority  |  |  |
|-----------|-------------|---------------|-----------|--|--|
|           | Number::    |               | Claimed:: |  |  |
| JAPAN     | 2003-300646 | 8/25/03       | Yes       |  |  |
|           |             |               |           |  |  |

# Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::